640 NORTH MAIN

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RI VER FALLS 54022 Phone: (715) 425-535	3	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	98	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	70	Average Daily Census:	71

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 1
Supp. Home Care-Personal Care	Yes					1 - 4 Years	47. 1
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.4	Under 65	7. 1	More Than 4 Years	25. 7
Day Servi ces	No	Mental Illness (Org./Psy)	25. 7	65 - 74	5. 7		
Respite Care	Yes	Mental Illness (Other)	15. 7	75 - 84	21. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	55. 7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	10. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 9	İ		Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17. 1	65 & 0ver	92. 9		
Transportation	No	Cerebrovascul ar	8. 6	'		RNs	11. 3
Referral Service	Yes	Di abetes	1. 4	Sex	%	LPNs	13. 1
Other Services	Yes	Respi ratory	7. 1			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	20.0	Male	30.0	Aides, & Orderlies	41.4
Mentally Ill	No			Female	70.0		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	8	100. 0	366	31	67. 4	117	0	0.0	0	16	100.0	141	0	0.0	0	0	0.0	0	55	<b>78</b> . <b>6</b>
Intermedi ate				13	28. 3	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	18.6
Limited Care				1	2. 2	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 4
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	2. 2	155	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		46	100.0		0	0.0		16	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of 12	/31/01
beachs builing kepotering refrou	-	ı'		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	18. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 3	Bathi ng	0. 0		71. 4	28. 6	70
Other Nursing Homes	6. 6	Dressi ng	2. 9		74. 3	22. 9	70
Acute Care Hospitals	<b>68</b> . 9	Transferring	15. 7		57. 1	27. 1	70
Psych. HospMR/DD Facilities	1.6	Toilet Use	17. 1		55. 7	27. 1	70
Rehabilitation Hospitals	0.0	<b>Eating</b>	21. 4		72. 9	5. 7	70
Other Locations	1.6	*********	******	******	******	*********	******
Total Number of Admissions	61	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 3	Recei vi ng	Respi ratory Care	0.0
Private Home/No Home Health	27. 5	Occ/Freq. Incontinent	of Bladder	57. 1	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	5.8	Occ/Freq. Incontinent	of Bowel	27. 1	Recei vi ng	Sucti oni ng	0.0
Other Nursing Homes	7. 2	-			Recei vi ng	Ostomy Care	0.0
Acute Care Hospitals	13.0	Mobility			Recei vi ng	Tube Feedi ng	0.0
Psych. HospMR/DD Facilities	2. 9	Physically Restrained		1. 4	Recei vi ng	Mechanically Altered Diets	s 21. 4
Rehabilitation Hospitals	0.0				_		
Other Locations	2. 9	Skin Care			Other Reside	nt Characteristics	
Deaths	40.6	With Pressure Sores		4. 3	Have Advan	ce Directives	97. 1
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	69	ĺ			Recei vi ng	Psychoactive Drugs	80. 0

\* Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility			100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l	l lities
	%	%	1		% Ratio		% Ratio		Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	58. 9	89. 4	0. 66	83. 8	0. 70	84. 3	0. 70	84. 6	0. 70
Current Residents from In-County	40. 0	82.7	0. 48	84. 9	0. 47	82. 7	0.48	77. 0	0. 52
Admissions from In-County, Still Residing	14.8	25. 4	0. 58	21. 5	0. 69	21. 6	0.68	20. 8	0. 71
Admissions/Average Daily Census	85. 9	117.0	0. 73	155. 8	0. 55	137. 9	0.62	128. 9	0. 67
Discharges/Average Daily Census	97. 2	116.8	0. 83	156. 2	0. 62	139. 0	0.70	130. 0	0. 75
Discharges To Private Residence/Average Daily Census	32. 4	42. 1	0. 77	61. 3	0. 53	<b>55. 2</b>	0. 59	<b>52.</b> 8	0. 61
Residents Receiving Skilled Care	<b>78.</b> 6	93. 4	0.84	93. 3	0.84	91.8	0. 86	85. 3	0. 92
Residents Aged 65 and Older	92. 9	96. 2	0. 96	92. 7	1. 00	92. 5	1.00	87. 5	1. 06
Title 19 (Medicaid) Funded Residents	65. 7	<b>57.</b> 0	1. 15	64. 8	1. 01	64. 3	1. 02	68. 7	0. 96
Private Pay Funded Residents	22. 9	<b>35. 6</b>	0. 64	23. 3	0. 98	<b>25.</b> 6	0. 89	<b>22.</b> 0	1. 04
Developmentally Disabled Residents	1. 4	0. 6	2. 28	0. 9	1. 63	1. 2	1. 21	7. 6	0. 19
Mentally Ill Residents	41. 4	37. 4	1. 11	37. 7	1. 10	37. 4	1. 11	33. 8	1. 23
General Medical Service Residents	20. 0	21. 4	0. 93	21. 3	0. 94	21. 2	0. 94	19. 4	1. 03
Impaired ADL (Mean)	55. 7	51. 7	1. 08	49. 6	1. 12	49. 6	1. 12	49. 3	1. 13
Psychological Problems	80. 0	<b>52.</b> 8	1. 51	53. 5	1. 49	<b>54</b> . 1	1. 48	51. 9	1. 54
Nursing Care Required (Mean)	3. 2	6. 4	0. 50	6. 5	0. 50	6. 5	0. 49	7. 3	0. 44